UNITED STATES HOUSE OF REPRESENTATIVES 2020 FINANCIAL DISCLOSURE STATEMENT	Form A For Use by Members, Officers	Form A rs, Officers, and Employees	E	
+		ノ		PEUVERED"
Name: JAMONIN (ASTRO Day	Daytime Telephone:((202) 20-5286	A \$200 penalty shattoe assessed against any individual who files more than 30 days late.	assessed against any re than 30 days late.
FILER House of Representatives District: 20		Officer or Employing Office: Employee	Share High Type	Andipal
REPORT 2020 Annual (Due: May 17, 2021)	Amendment	Termination Date of Termination:	nation:	130 3084 3 :01 M
PRELIMINARY INFORMATION - ANSWER FACH OF THESE QUESTIONS	ESTIONS		MEZ	ਸ37 8
A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?		F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	rangement with an Yes	S D
B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction Yes exceeding \$1,000 during the reporting period?	No C. Did you, your spousur reportable gift(s) totalin source during the repo	G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$415 in value from a single source during the reporting period?	receive any Yes	\$ \$
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the Yes Preporting period?	No H. Did you, your spous reportable travel or rein \$415 in value from a six	H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$415 in value from a single source during the reporting period?	d receive any Yes aing more than Yes porting period?	<u>\$</u>
D. Did you, your spouse, or your dependent child have any reportable Yes Ves Ves	No lieu of paying you for a reporting period?	dividual or organization make a donation to charity in g you for a speech, appearance, or article during the riod?	ation to charity in Yes	<u>\$</u>
E. Did you hold any reportable positions during the reporting period or Yes No in the current calendar year up through the date of filing?		EC	ORRESPONDING SCHEDULE IF YOU ANSWER "YES") ANSWER "YES"
IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST	RUST INFORMATION	· A	SWER EACH OF THESE QUESTIONS	TIONS
IPO - Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you contact the Committee on Ethics for further guidance.	ring during the reporting perio	d? If you answered "yes" to this question, please	estion, please Yes	
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" from this report details of such a trust that benefits you, your spouse, or dependent child?	iks and certain other "excepte	d trusts" need not be disclosed. Have you excluded	ve you excluded Yes	□ * \S
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse all three tests for exemption? Do not answer 'yes' unless you have first consulted with the Committee on Ethics.	e, transactions, or liabilities of he Committee on Ethics.	a spouse or your dependent child because they meet	ecause they meet Yes	□ * \

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Code T Critica		bearations fed.	Frederic Codit Union	CONGICASIONAL	ABC Hadge Fund X	Exemples: Sinon & Schuster	90, SP Man Can Shret	Exclude: Your personal residence, including second homes and vecation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. If you report a privately-trailed fund that is an Excepted investment Fund, please check the "EIF box." If you so choose, you may indicate that en esset or income source is that or your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left. For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	provide a complete address or description, e.g., "remail property," and a city and state. Property," and a city and state. For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.	For bank and other cash accounts, total the amount in all interest-bearing accounts, if the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.	<u> </u>	Provide complete names of stocks and mutual funds you (do not use only factor symbols).	Identify (a) each asset held for investment or indical production of income and with a fair market value value acceeding \$1,000 at the end of the reporting period, used and (b) any other reportable-asset or source of income if an that generated more than \$200 in "unearred" income becauturing the year.	Assets and/or income Sources
	V V		マ			indefinite	×	\$1,000 ,001-\$15,000 5,001-\$50,000 0,001-\$100,000 00,001-\$250,000		о С т		you have no interest.	icate value of asset at closusation method other than fair asset was sold during the cause it generated income, the	Value Value
					×			00,001-\$500,000 00,001-\$1,000,000 ,000,001-\$25,000,000 000,001-\$25,000,000 5,000,001-\$50,000,000		T		ton game to legatest.	indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting period and is included only because it generated income, the value should be "None."	SLOCK B
					Partnership	Royalites	×	OUSAFOC Asset over \$1,000,000° INE VIDENDS INT FEREST PITAL GAINS CEPTED/BLIND TRUST X-DEFERRED ner Type of Income pacific e.g., Pertnership Income or Ferm Income)				rasset generated no encome during the reporting period		Type of Income
					*	×	×	68 \$200 01-\$1,000 001-\$2,500 .501-\$5,000 .001-\$15,000 0,001-\$100,000 00,001-\$1,000,000 .000,01-\$5,000,000 er \$5,000,000 oussic Asset with frooms over \$1,000,000*				period. "Column XII is for assets held by your spouse or dependent child in which you have no inferent	For assets for which may check the "No category of incom Dividencis, inferes must be dijectoes accounts. Check "	Amount of Income
					-		S(pert)	OLDSHIPL PASSES WITH STOCKES OVER \$ 1,000,000			If only a portion of an asset was sold, please indicate as follows: (% (cost))		9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	BLOCK E

Name:

SCHEDULE B - TRANSACTIONS

Name: JOADULY CASTRO

Page 3 of

														None	Sp Example Maga Corp. Shock	SP, DC, JT Asset	Capital Gains: if a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box, unless it was an asset in a tax-deferred account, and discides the capital gain income on Schedule A. "Column K is for assets solety held by your socuse or dependent child.	dependent child ter investment or the production of income. Include braneadigns but restilled in a capital less, Provide a brief description of an enchange transaction. Exclude transactions between you, your spouse, or dependent children, or the purchase or safe of your personal residence, unless it generated rental income. If only a portion of an asset is end, please choose 'partial sale" as the type of transaction.	Report any purchase, sale, or exchange transactions that exceeded \$1,000 in reporting period of any security or real property held by you, your spouse, or yo
H													Γ	<u> </u>			A.P.	3=8 ÷ #	
H														-			Sale		Type of Transaction
-						_	H		_	 				┢	×		Partat Sale		Transac
H														<u> </u>			Exchange		Hon
Н													-	-	×		Check Box if Ca \$200	pital Gain Exceede	
													_	L	3920		Monthly, or Bi- wealty, if applicable	(MO/GAYR) or Quarterly.	Date
												Щ					\$1,001-	>	H
\vdash	-		_										<u> </u>	<u> </u>	×		\$15,000 \$15,001- \$60,000	w	
H	\dashv						Н	H			Н		_		_		\$50,001- \$100,000	0	
Н	\exists												<u> </u>	<u> </u>			\$100,001- \$250,000	0	
H			Н											-			\$250,001- \$500,000	m	moun
		H												Г			\$500,001- \$1,000,000	78)	of Tra
		П					Г										\$1,000,001- \$5,000,000	ø	Amount of Transaction
		П				П											\$5,000,001- \$25,000,000	=	9
																	\$25,000,001- \$50,000,000		
																	Over \$50,000,00	0	
																	Over \$1,000,000 (Spouse/DC Asset)	, x	

SCHEDULE C - EARNED INCOME

(other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For a spouse, list spouse earned income exceeding \$1,000. See examples below.	Name: JOHOUN (ASTMO
porting period. For a spouse, list	Page 4 of 9

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below. EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act. INCOME LIMITS and PROHIBITED INCOME: The 2020 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$28,845. The 2021 limit is \$29,595.	wher than the filer's current employment by the U.S. goven pouse earned income exceeding \$1,000. See exemples be real retirement programs, and benefits received under the searned income for Members and employees compensate	nment) totaling \$200 or more during the re selow. Social Security Act.	eporting period. For a spouse, list 28,845. The 2021 limit is \$29,595.
In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary re Source (include date of receipt for honoraria)	and payments for professional services involving a fiduciary slipt for honoraria)	y relationship) are totally prohibited.	Amount
Keene State		Accroved Teaching Ese	\$5,000
Examples: State of Mandalate (Oct. 2) Ordered County Board of Education		Sonuse Soneth	\$1,000
Arroiris		Sames SALATU	N/N
		0	
			,

SCHEDULE D - LIABILITIES

Name: TOPOLN (ASTNO Page 5 of

Report liabilities of over \$10,000 ewed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities of the you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the class of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

				DC. JT		
	Cong	U.S.	Example		•	
		3	First Bank of Wilmington, DE	Creditor		
	3/13	6/00	5/20	Liability Incurred MO/YR	,	į
	Mortgage - Personal	LAW School LOWNS	Mortgage on Rental Property, Dover, DE	Type of Liability		
				\$10,001- \$15,000	>	
		7		\$15,001- \$50,000	5	
				\$50,001- \$100,000	ი	
	<u>\</u>		*	\$100,001- \$250,000	0	≥
				\$250,001- \$500,000	m	Amount of Liability
				\$500,001- \$1,000,000	71	of Lia
	11			\$1,000,001- \$5,000,000	6	bility
	Щ			\$5,000,001- \$25,000,000	±	
				\$25,000,001- \$50,000,000		
				Over \$50,000,000	-	
				Over \$1,000,000* (Spouse/DC	*	

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, held during the current or prior calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude:

Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions socialy fraternal, or political entities (such as political parties and campaign organizations); and positions socialy fraternal.

Position	Position Name of Organization
Director	COllege Advising GEP
Director	CONFRESSIONAL HICAMIC LANCUS INSTITUTE

SCHEDULE F - AGREEMENTS

Name: JOAQUIN (ASTRO) Page 6 of 9

Ф	Ω	ᇙ
employer.	죑	. ₹
ŝ	5	₹
*	쁑	: ₹
	5	ġ.
	2	₫
	continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an	identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a
	3	쿪
	ᅙ	
	8	0
	፭	킲
	9	8
	5	3
	₹	<u>@</u>
	ē	鞷
	₹	큟
	#	오,
	O	₹
	ş	æ
	3	<u>₹</u>
	9	Ĭ
	툦.	₹.
	ğ	욕
	효	3
	₫	ä
	≢	3
	3	3
	₹	=
	ċ	프
	Š	è
	ğ	3
	9	₹
	Ź.	≨
	Ĕ	₹
	9	兽
	8	8
	幸	8
	<u>Ş</u> .	2
•	8	3
	3	ě
	읍	륲
	₽.	ş
	3	큠
	₹.	2
	5	ᆵ
	Ĕ	Š
	ğ	Ö
	8	2
	Ę	æ
	풄.	줐
	<u>~</u>	ڇ
	×	₫.
	9	⊒ =
	≝	<u>ه</u>
1	9	š
		Ž
	<u>8</u>	9
	홟	8
	₫.	È
	9	į
١	×	3
	ਨੁੱ	9
	Ĭ	롲
	¥	ď

Date	Parties to Agreement	Terms of Agreement
01/13	JOAGUIN (ASTRO/STATE OF TX	State lesislative retirement logarsion
		Value underwined cannot collect
		(mf:1 age 60.

SCHEDULE G - GIFTS

Report the source (by name), a brief description, and the value of all gifts totaling more than \$415 received by you, your spouse, or your dependent child from any source during the year. Exclude: Gifts from relatives, gifts of personal hospitality from an individual (which may not include a registered lobbyist or foreign agent), local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$166 or less need not be added towards the \$415 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule and some gifts require prior approval of the Committee on Ethics.

	Source	Source	Value
Example:	Mr. Joseph Smith, Arlington, VA	Silver Platter (prior determination of personal friendship received from the Committee on Ethics)	\$500
		None	:

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

		(1)
	Name:	
1	1	1
	JOAN 7	
	SIS	
	Page /	
Ī		4
	of /	0

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$415 received by you, your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and relimbursed by the sponsor.

EXCLUDE: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (FGDA, 5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to the filer.

	Source	Date(s)	City of Departure-Destination-City of Raturn	Lodging? (FRI)	Food? (YAI)	Family Hember Included? (VRI)
	Government of China (MECEA)	Aug. 6-11	DC-Beling, Clime-DC	≺	≺	¥
	Habital for Humanity (Charity Fundasiser)	Nor. 34	DC-Boston-DC	۲	≺	*
~	NONE					
					•	
				!		
				-		

SCHEDULE I - PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Name:	
Lores	1
120	-
4813	
Page	
<u>a</u>	\mathcal{D}
	2
_	

Activity	Date	Amount
Speech	Feb. 2, 2020	\$2,000
Article	Aug. 13, 2020	\$500
6 6 6		
	Activity Speech Article	Source Source Activity Date Amount Season Massachiora, Washington, DC Season Massachiora, Washington, DC Season Ariole Aug. 13, 2020 \$200 \$200 \$200 \$200 \$200 \$200 \$20

FILER NOTES (Optional)

Name: Japour (ASTRO Page 9

									NOTE NUMBER
							•	None	
:								18	
				•					
									NOTES
									;
	<u> </u>								